

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT/RA

10/535111

FILED

DATE

CLAIMS

	CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51							
2	1						52							
3	1						53							
4	2						54							
5	2						55							
6							56							
7							57							
8							58							
9							59							
10	1						60							
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46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2		↓		↓									
TOTAL DEP.	10		←		←									
TOTAL CLAUSES	12													